

## NOTICE OF PRIVACY PRACTICES

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**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

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### **Safeguarding Your Protected Health Information**

The City of Yakima Employee's Health & Welfare Benefit Plan (the "Plan") is committed to protecting the privacy of your health information. We are required by applicable federal and state laws to maintain the privacy of your Protected Health Information. This notice explains our privacy practices, our legal duties, and your rights concerning your Protected Health Information (referred to in this notice as "PHI"). The term "PHI" includes any information that is personally identifiable to you and that is transmitted or maintained by the Plan, regardless of form (oral, written, electronic). This includes information regarding your health care and treatment, and identifiable factors such as your name, age, and address. The Plan will follow the privacy practices described in this notice while it is in effect.

### **Why does the Plan collect your Protected Health Information?**

We collect PHI from you for a number of reasons, including to determine the appropriate benefits to offer you, to pay claims, to provide case management services, and to provide quality improvement services.

### **How does the Plan collect your Protected Health Information?**

We collect PHI through you, your health care providers, and our Business Associates. For example, Healthcare Management Administrators, a Business Associate, receives PHI from you on your health care enrollment application and from your health care providers, such as through the submission of a claim for reimbursement of covered benefits.

### **How does the Plan safeguard your Protected Health Information?**

We protect your PHI by:

- Treating all of your PHI that is collected as confidential;
- Stating confidentiality policies and practices in our group health plan administrative procedure manual, as well as disciplinary measures for privacy violations;
- Restricting access to your PHI to those employees who need to know your personal information in order to provide services to you, such as paying a claim for a covered benefit;
- Only disclosing your PHI that is necessary for a service company to perform its function on our behalf, and the company agrees to protect and maintain the confidentiality of your PHI; and
- Maintaining physical, electronic, and procedural safeguards that comply with federal and state regulations to guard your PHI.

## NOTICE OF PRIVACY PRACTICES (continued)

### How does the Plan use and disclose your Protected Health Information?

We will not disclose your PHI unless we are allowed or required by law to make the disclosure, or if you (or your authorized representative) give us permission. Uses and disclosures, other than those set forth below, require your authorization. If there are other legal requirements under applicable state laws that further restrict our use or disclosure of your PHI, we will comply with those legal requirements as well. Following are the types of disclosure we may make as allowed or required by law:

- **Treatment:** We may use and disclose your PHI for the treatment activities of a health care provider. It also includes consultations and referrals between one or more of your providers. Treatment activities include disclosing your PHI to a provider in order for that provider to treat you.

- **Payment:** We may use and disclose your medical information for our payment activities, including the payment of claims from physicians, hospitals and other providers for services delivered to you. Payment also includes but is not limited to actions to make coverage determinations and payment (including billing, claims management, subrogation, plan reimbursement, utilization review and preauthorizations).

For example, we may tell a physician whether you are eligible for benefits or what percentage of the bill will be paid by the Plan.

- **Health Care Operations:** We may use and disclose your medical information for our internal operations, including our customer service activities. Health care operations include but are not limited to quality assessment and improvement, disease and case management, medical review, auditing functions including fraud and abuse compliance programs and general administrative activities.

- **Plan Sponsor:** Since you are enrolled in a self-insured group health plan, we may disclose your PHI to the Plan's sponsor to permit it to perform administrative activities.

- **To You:** Upon your request, subject only to a few limitations, we will disclose your PHI to you. If you authorize us to do so, we may use your PHI or disclose it to anyone for any purpose. After you provide us with an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

- **Your Family and Friends:** If you are unavailable to consent to the use or disclosure of PHI, such as in a medical emergency, we may disclose your PHI to a family member or friend to the extent necessary to help with your health care or with payment for your health care, if we determine that the disclosure is in your best interest.

- **Research; Death; Organ Donation:** We may use or disclose your PHI for research purposes in limited circumstances. We may disclose the PHI of a deceased person to a coroner, medical examiner, funeral director, or organ procurement organization for certain purposes.

- **Public Health and Safety:** We may disclose your PHI if we believe disclosure is necessary to avert a serious and imminent threat to your health or safety or the health or safety of others. We

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may disclose your PHI to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes.

- **Required by Law:** We must disclose your PHI when we are required to do so by law.
- **Process and Proceedings:** We may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process.
- **Law Enforcement:** We may disclose limited information to law enforcement officials.
- **Military and National Security:** We may disclose to Military authorities the PHI of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials PHI required for lawful intelligence, counterintelligence, and other national security activities.

### **What rights do you have as an individual regarding our use and disclosure of your Protected Health Information?**

You have the right to request all of the following:

- **Access to your PHI:** You have the right to look at and get a copy of your PHI, except in certain limited circumstances. We may charge you a nominal fee for providing you with copies of your PHI.
- **Amendment:** You have the right to request that we amend your PHI. Your request must be in writing, and it must identify the information that you think is incorrect and explain why the information should be amended. We may deny your request if we did not create the information you want amended or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.
- **Accounting of Disclosures:** You have the right to receive a list of instances in which we or our business associates disclosed your PHI for purposes other than for treatment, payment, health care operations, and certain other activities. You are entitled to such an accounting for the 6 years prior to your request, though not for disclosure made prior to April 14, 2003. We will provide you with the date on which we made a disclosure, the name of the person or entity to whom we disclosed your medical information, a description of the medical information we disclosed, the reason for the disclosure, and certain other information. If you request this list more than once in a 12-month period, we may charge you a reasonable fee for responding to these additional requests.
- **Restriction Requests:** You have the right to request that we place additional restrictions on our use or disclosure of your PHI for treatment, payment, health care operations or to persons you identify. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).
- **Confidential Communication:** You have the right to request that we communicate with you in confidence about your PHI by alternative means or to an alternative location. If you advise

## **NOTICE OF PRIVACY PRACTICES (continued)**

us that disclosure of all or any part of your PHI could endanger you, we must comply with any reasonable request provided it specifies an alternative means or location of communication.

• **Electronic Notice:** If you receive this notice on our web site or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact us using the information listed at the end of this notice to obtain this notice in written form.

### **Can I “opt out” of certain disclosures?**

You may have received notices from other organizations that allow you to "opt out" of certain disclosures. The most common type of disclosure that applies to "opt outs" is the disclosure of personal information to a non-affiliated company so that company can market its products or services to you. As a self-insured group health plan, we must follow many federal and state laws that prohibit us from making these types of disclosures. Because we do not make disclosures that apply to "opt outs," it is not necessary for you to complete an "opt out" form or take any action to restrict such disclosures.

### **When is this notice effective?**

This notice takes effect April 14, 2003 and will remain in effect until we revise it.

### **What if the Plan changes its notice of privacy practices?**

We reserve the right to change our privacy practices and the terms of this notice at any time. Any revised version of this notice will be distributed within 60 days of the effective date of any material change to the uses or disclosures, your individual rights, our duties or other privacy practices stated in this notice. For your convenience, a copy of our current notice of privacy practices is always available on our website at [www.ci.yakima.wa.us](http://www.ci.yakima.wa.us), and you may request a copy at any time by contacting us at the number set forth below.

### **Conclusion**

PHI use and disclosure by the Plan is regulated by a federal law known as HIPAA (the Health Insurance Portability and Accountability Act). You may find these rules at 45 *Code of Federal Regulations Parts* 160 and 164. This notice attempts to summarize the regulations. The regulations will supersede any discrepancy between the information in this notice and the regulations.

### **How can you reach us?**

If you want additional information regarding our Privacy Practices, or if you believe we have violated any of your rights listed in this notice, please contact our Privacy Officer (the City Clerk) at: [City of Yakima, 129 N. Second Street, Yakima, WA 98901, \(509\) 575-6037](#). If you have a complaint, you also may submit a written complaint to the Region X, Office for Civil Rights, U.S. Department of Health and Human Services, 2201 Sixth Avenue-Suite 900, Seattle, Washington 98121-1831. Voice Phone (206) 615-2287. FAX (206) 615-2297. TDD (206) 615-2296. For all complaints filed by e-mail send to: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov). Your privacy is one of our greatest concerns and we will not penalize or retaliate against you in any way if you choose to file a complaint.